



MERRILLVILLE FIRE DEPARTMENT



24 West 73rd Avenue
Merrillville, IN 46410

Ph. (219) 769-0004
Fax (219) 769-1341

Station #71
18 W. 73rd Ave
Merrillville, IN

Station #72
7905 Taft St
Merrillville, IN

Station #73
9264 Old Lincoln Way
Hobart, IN

Station #74
850 W. 57th Ave.
Merrillville, IN

The Merrillville Fire Department will issue applications for position of Career Firefighter/EMT. Interested persons may pick up an application from 9:00 a.m. to 3:00 p.m. Monday through Friday: January 6th, 2020 – February 3rd, 2020 **from:**

Merrillville Fire Protection Territory Headquarters
24 West 73rd Avenue
Merrillville, IN 46410

Applications are also available online at <http://www.merrillville.in.gov/> . Follow the link for Firefighter Application.

Applicant must meet the following requirements:

- Be a U.S. citizen
- Age 21-35. You must be at least 21 years of age to begin employment as a firefighter, however you must not have reached your 36th birthday before hire date.
- Be a high school graduate or G.E.D. equivalent
- Not convicted of Class A misdemeanor or felony
- Have a valid Driver's License (If not issued by State of Indiana, the applicant shall obtain a valid Driver's License from the State of Indiana Prior to becoming a member of the Department).
- Be State of Indiana FF I/II certified
- Obtain an EMT-B license issued by the State of Indiana within one (1) year of the applicant's hire date. The Member of the department shall maintain an EMT-B license issued by the State of Indiana during the entire term of the member's employment by the Merrillville Fire Department. Failure to maintain an EMT-B license shall be cause for termination.
- Must possess a valid CPAT (Candidate physical agility test) card by the date of conditional offer of employment.
- Must meet the minimum requirements as set forth by the Indiana Public Retirement Fund – 1977 Police and Fire Fund.
- Must pass a thorough background investigation.

Applications are due completed no later than 3pm on Monday, February 3rd, 2020 at the Merrillville Fire Protection Territory Headquarters.

MERRILLVILLE FIRE DEPARTMENT
24 W 73RD Avenue, Merrillville, IN 46410
Telephone: 219-769-0004
Fax: 219-769-1341

FIREFIGHTER APPLICATION

All Merrillville Firefighter Applicant's (PLEASE READ CAREFULLY)

The Merrillville Fire Department (herein after, "MFD") is interested in good citizens who are seeking a career as a firefighter. From time to time the MFD will have openings for firefighters. The active pool of applicants will include all individuals who have submitted an application prior to the posted deadline and who meet the minimum qualifications for the position. Applicants will be sent an email advising them of the scheduled written examinations session. The email will include the date, location and time of the exam. Failure to appear on time will result in disqualification and applicant will not be let into the testing location.

The data provided in this packet will be used to conduct the background investigation phase of the hiring process. All Applicants must give truthful answers to all questions. Any misrepresentation or omission of facts may disqualify the applicant from further consideration.

Due to the nature of being a firefighter, all applicants must meet certain requirements. The following contains a list of the minimum requirements for a firefighter of MFD.

[This section intentionally left blank]

The Merrillville Fire Department is an Equal Opportunity Employer

I. MINIMUM REQUIREMENTS FOR MERRILLVILLE FIREFIGHTER

- 1) Applicant must be a high school graduate, as evident by a transcript issued by an accredited high school. An achievement test certificate from an accredited high school or State Board of Education is acceptable.
- 2) Applicants shall possess a valid Indiana Driver's License (or obtain one after 60 days of date of hire).
- 3) Applicants shall have no more than six (6) active points on their driving record. Driving status shall be valid.
- 4) Applicants must be a US Citizen.
- 5) Applicants must be at least 21 years of age and applicant's eligibility to be hired is prior the applicants 36th Birthday.
- 6) Applicants must not have used illegal drugs of any type for the past two years. Applicants must not have illegally delivered any drugs for monetary or material gain. Applicants must be drug-free and will be subjected to a drug test (i.e. a urinalysis, blood or hair analysis test).
- 7) Applicants shall have no felony convictions.
- 8) Applicants shall not have received other than an honorable discharge from the military or other discharge with honorable conditions.
- 9) If appointed, applicant must establish and maintain residency within a 15 mile radius of the Merrillville Fire Station 71 (not including Illinois).
- 10) By the date of hire, applicant must be certified as an Indiana Department of Homeland Security Firefighter II, as outlined by the State of Indiana.
- 11) Applicants must become certified as an EMT-B within one (1) year of their date of hire. Extension may be longer which is at the discretion of the Fire Chief, but not to exceed 18 months.
- 12) Applicant shall meet the minimum requirement as set forth by the Indiana Public Retirement Fund - 1977 Police and Fire Fund.
- 13) Applicants must pass a thorough background investigation.
- 14) Applicants must submit to an oral interview.
- 15) Applicants must possess a valid CPAT (Candidate Physical Agility Test) Card by the time of the Conditional Offer of Employment is given.

16) Applicants must have or obtain a valid email address. This email address will be used for all correspondence between the MFD and the applicant. The applicant will be responsible to check his/her email and Spam folder.

If you meet these minimum standards and wish to apply, please fill out this application completely and truthfully and return it before the date indicated.

[This section intentionally left blank]

II. APPLICANT INSTRUCTIONS

PRINT LEGIBLY OR TYPE ALL ANSWERS. Answer all questions completely and truthfully. If the questions does not apply, print - DOES NOT APPLY.

If you need additional space to respond to a question, continue your response with the proper identifying reference marks on a separate sheet of paper, which should be attached at the end of this application. For any such questions requiring additional space for your response, print "See attached continuation page(s)" at the end of your response in the body of this application.

You will be required, during the investigative process, to divulge your use of alcohol and/or illegal drugs. Information secured by the MFD through testing and investigation will be held in the strictest confidence, except for outstanding criminal and/or civil warrants or evidence of serious criminal activity.

Applicants are responsible for all expenses incurred by them in connection with travel, meal, etc., when reporting for test, physical examinations and interviews. Applicants also responsible for all expenses incurred in obtaining records or other materials necessary for the investigation process.

When competed applications are returned, they are to be in a sealed 10in x 13in manila envelope (not folded) with the following on the front of the envelope

To: Fire Chief Edward Yerga

From: (Your name)

Fire Application

All applicants must have a valid email address. This email address will be used for all correspondence.

III. REQUIRED APPLICATION DOCUMENTS

Copies of the following documents must be submitted to the officials of the MFD simultaneously with the completed Firefighter Application. Consequently, applicants should immediately initiate steps to obtain copies of the documents listed below:

- 1) Birth Certificate (Certified Copy)
- 2) High School Diploma (or GED Certificate) and transcript
- 3) College or University Degree and Transcript (if applicable)
- 4) DD214 (member copy) and Citations (for those applicants with military service)
- 5) Marriage License, certified copy from the County Clerk (if applicable)
- 6) Divorce Degree (if applicable)
- 7) Driver's License (copy of front and back)
- 8) Social Security Card
- 9) Any Court Order, with disposition, requesting name change
- 10) Any Court Order (civil or criminal) with disposition
- 11) All training certification, IDHS or equivalent

IV. MFD FIREFIGHTER APPLICANTS ACKNOWLEDGMENT

This Firefighter Application must be returned to the Merrillville Fire Protection Territory Headquarters Office. Applications will not be considered until complete in every aspect (read II. APPLICANT INSTRUCTIONS). Applications will not be accepted after the due date. If applicant returns the application by US Mail or other carrier, the applicant understands that a delivery by a carrier past the due date will not be accepted. Any omissions or misrepresentations of material fact will disqualify the applicant. Applicants are asked not to inquire about the status of their application, as appropriate information will be provided when available. ¹

I, the Undersigned MFD Firefighter Applicant, acknowledge that I have read, understand and agree to follow the above instructions. I understand and agree to be bound by the above stated requirements and guidelines.

Signed and dated this _____ day of _____, 20____

(Printed name) MFD Firefighter Applicant

(Signature) MFD Firefighter Applicant

¹ After Completion of the screening process, Applications not selected for the current job openings will remain in the MFD's files for two years from the date they were submitted. Applicants having Firefighter Applications on file with the MFD will be considered for any new firefighter openings during a two year period. At the end of two years, all Firefighter Applications will be destroyed.

V. FIREFIGHTER APPLICANT CONTACT INFORMATION

Name: _____

Last

First

Middle

Maiden

Address: _____

Street or Route number, Apartment Number, etc.

City: _____

County: _____

State: _____

Zip Code: _____

Telephone: Home (____) _____ - _____

Work (____) _____ - _____

Cell (____) _____ - _____

Email Address (MANDATORY) _____

Employer: _____

Employer Address: _____

Street or Route number, Apartment Number, etc.

City: _____

County: _____

State: _____

Zip Code: _____

Telephone: Work (____) _____ - _____

Position held: _____

Additional Contact Information:

VI. IDENTIFYING DATA

Are you a US Citizen? _____

Social Security Number: _____

Date of Birth: _____ Age: _____
MM DD YYYY

Place of Birth: _____
City State

Height (without shoes): _____ feet _____ inches

Weight (without clothes): _____ pounds

Eye Color: _____ Hair Color: _____

Distinguishing Mark, Scars, Tattoos, etc. _____

VII. PERSONAL HISTORY

A. FAMILY DATA

List all family members (living or deceased) in the following order: Parents, step-parents, brothers, sisters, spouse, children and step-children. Use additional sheets of paper if necessary. If deceased, mark in the address

1. Relationship _____

Name: _____

Last

First

Middle

Maiden

Address: _____

Street or Route number, Apartment Number, etc.

City: _____

County: _____

State: _____

Zip Code: _____

Telephone: Home (____) _____ - _____

Work (____) _____ - _____

Cell (____) _____ - _____

2. Relationship _____

Name: _____

Last First

Middle Maiden

Address: _____

Street or Route number, Apartment Number, etc.

City: _____

County: _____

State: _____

Zip Code: _____

Telephone: Home (____) _____ - _____

Work (____) _____ - _____

Cell (____) _____ - _____

3. Relationship _____

Name: _____

Last First

Middle Maiden

Address: _____

Street or Route number, Apartment Number, etc.

City: _____

County: _____

State: _____

Zip Code: _____

Work(____) _____ - _____

Telephone: Home (____) _____ - _____

Cell(____) _____ - _____

4. Relationship _____

Name: _____

Last

First

Middle

Maiden

Address: _____

Street or Route number, Apartment Number, etc.

City: _____

County: _____

State: _____

Zip Code: _____

Telephone: Home (____) _____ - _____

Work (____) _____ - _____

Cell (____) _____ - _____

5. Relationship _____

Name: _____

Last

First

Middle

Maiden

Address: _____

Street or Route number, Apartment Number, etc.

City: _____

County: _____

State: _____

Zip Code: _____ Work (____) _____ - _____

Telephone: Home (____) _____ - _____ Cell (____) _____ - _____

6. Relationship _____

Name: _____

Last First

Middle Maiden

Address: _____

Street or Route number, Apartment Number, etc.

City: _____

County: _____

State: _____

Zip Code: _____

Telephone: Home (____) _____ - _____

Work (____) _____ - _____

Cell (____) _____ - _____

7. Relationship _____

Name: _____

Last First

Middle Maiden

Address: _____

Street or Route number, Apartment Number, etc.

City: _____

County: _____

State: _____

Zip Code: _____

Telephone: Home (____) _____ - _____ Cell (____) _____ - _____

Work (____) _____ - _____

8. Relationship _____

Name: _____

Last First

Middle Maiden

Address: _____

Street or Route number, Apartment Number, etc.

City: _____

County: _____

State: _____

Zip Code: _____

Telephone: Home (____) _____ - _____

Work (____) _____ - _____

Cell (____) _____ - _____

9. Relationship _____

Name: _____

Last First

Middle Maiden

Address: _____

Street or Route number, Apartment Number, etc.

City: _____

County: _____

State: _____

Zip Code: _____

Telephone: Home (____) _____ - _____ Cell (____) _____ - _____

Work (____) _____ - _____

10. Relationship _____

Name: _____

Last

First

Middle

Maiden

Address: _____

Street or Route number, Apartment Number, etc.

City: _____

County: _____

State: _____

Zip Code: _____

Telephone: Home (____) _____ - _____

Work (____) _____ - _____

Cell (____) _____ - _____

B. FORMER ADDRESS (Last 10 years)

If apartment addresses are listed, provide the name of apartment complex. If military addresses are listed, include town or cities located in the immediate vicinity of the military base. Use additional sheets of paper if necessary.

1. Dates: _____ to _____

Address:

Street or Route number, Apartment Number, etc.

City: _____

County: _____

State: _____

Zip Code: _____

2. Dates: _____ to _____

Address:

Street or Route number, Apartment Number, etc.

City: _____

County: _____

State: _____

Zip Code: _____

3. Dates: _____ to _____

Address:

Street or Route number, Apartment Number, etc.

City: _____

County: _____

State: _____

Zip Code: _____

4. Dates: _____ to _____

Address:

Street or Route number, Apartment Number, etc.

City: _____

County: _____

State: _____

Zip Code: _____

C. EDUCATION (include copies of all transcripts and diploma(s)/certificate(s))

1. High School: _____

Date Graduated _____

MM DD YYYY

Address: _____

Street or Route number, Apartment Number, etc.

City: _____

County: _____

State: _____

Zip Code: _____

2. College: _____

Major: _____

Years Completed _____

Credit Hours _____

Degree _____

Date Graduated _____

Address: _____

Street or Route number, Apartment Number, etc.

City: _____

County: _____

State: _____

Zip Code: _____

3. Other School attended or training courses taken:

a) Name: _____

Address: _____

Street or Route number, Apartment Number, etc.

City: _____

County: _____

State: _____

Zip Code: _____

b) Name: _____

Address: _____

Street or Route number, Apartment Number, etc.

City: _____

County: _____

State: _____

Zip Code: _____

c) Name: _____

Address: _____

Street or Route number, Apartment Number, etc.

City: _____

County: _____

State: _____

Zip Code: _____

D. EMPLOYMENT

1. Record your employment history starting with your present employer. Use additional sheets of paper if necessary.

a) Present Employer: _____

Address: _____

Street or Route number, Apartment Number, etc.

City: _____

County: _____

State: _____

Zip Code: _____

Dates: _____ to _____ Position Held: _____

Salary: _____ Duties _____

Supervisor Name _____

Telephone: Work (____) _____ - _____

Other (____) _____ - _____

b) Previous Employer: _____

Address: _____

Street or Route number, Apartment Number, etc.

City: _____

County: _____

State: _____

Zip Code: _____

Dates: _____ to _____ Position Held: _____

Salary: _____ Duties _____

Supervisor Name _____

Telephone: Work (____) _____ - _____

Other () -

Reason for Leaving

c) Previous Employer: _____

Address: _____

Street or Route number, Apartment Number, etc.

City: _____

County: _____

State: _____

Zip Code: _____

Dates: _____ to _____ Position Held: _____

Salary: _____ Duties _____

Supervisor Name _____

Telephone: Work () -

Other () -

Reason for Leaving

d) Previous Employer: _____

Address: _____

Street or Route number, Apartment Number, etc.

City: _____

County: _____

State: _____

Zip Code: _____

Dates: _____ to _____ Position Held: _____

Salary: _____ Duties _____

Supervisor Name _____

Telephone: Work (____) _____ - _____

Other (____) _____ - _____

Reason for Leaving _____

2. Have you ever been discharged from a position of employment? YES:____ NO:____

If yes, explain fully on a separate sheet of paper

3. Do you currently have an application pending with any other public safety agency?

YES: _____ NO: _____

If yes, answer the following

a) Agency: _____ State _____ Date submitted: _____

b) Agency: _____ State _____ Date submitted: _____

c) Agency: _____ State _____ Date submitted: _____

d) Agency: _____ State _____ Date submitted: _____

E. MILITARY HISTORY AND STATUS

1. Military Organization: _____

Date: ____ to ____ Rank/Grade: _____

Duties: _____

Reason for leaving: _____

2. Military Organization: _____

Date: ____ to ____ Rank/Grade: _____

Duties: _____

Reason for leaving: _____

3. Military citations or other rewards received:

4. Are you now a member of the organized Reserves or National Guard?

Yes: _____ No: _____

If yes, provide the name and location to which you are assigned:

Rank/Grade: _____

Duties: _____

Commanding Officer Name _____

Contact Number: _____

5. Were you ever disciplined (Court Martial, Article 15, Captain's Mast, etc.) while on active duty? YES: _____ NO: _____

If yes, please explain on a separate sheet of paper.

F. REFERENCES

1) GENERAL CHARACTER REFERENCES: Firefighter Applicant must provide a minimum of three (3) character references with all of the information requested for each reference. Without this information, it will be impossible to complete an Applicant Background check. Incomplete information may adversely affect an Applicant's chances to be hired.

a) Name: _____

Address: _____

Street or Route number, Apartment Number, etc.

City: _____

County: _____

State: _____

Zip Code: _____

Telephone: Home (____) _____ - _____

Work (____) _____ - _____

Cell (____) _____ - _____

b) Name: _____

Address: _____

Street or Route number, Apartment Number, etc.

City: _____

County: _____

State: _____

Zip Code: _____

Telephone: Home (____) _____ - _____

Work (____) _____ - _____

Cell (____) _____ - _____

c) Name: _____
Address: _____
Street or Route number, Apartment Number, etc.
City: _____
County: _____
State: _____
Zip Code: _____
Telephone: Home (____) _____ - _____
Work (____) _____ - _____
Cell (____) _____ - _____

2. EMPLOYMENT RELATED REFERENCES: Firefighter Applicant's must provide a minimum of five (5) employment related references of co-workers from past and present jobs. Applicant should indicate which if the applicant's these references worked for and if the reference was a supervisor or co-worker. Without this information, it will be impossible to complete an Applicant Background check. Incomplete information may adversely affect an Applicant's chances to be hired.

a) Name: _____
Address: _____
Street or Route number, Apartment Number, etc.
City: _____
County: _____
State: _____
Zip Code: _____
Telephone: Home (____) _____ - _____
Work (____) _____ - _____
Cell (____) _____ - _____
Co-Worker or Supervisor: _____

b) Name: _____

Address: _____

Street or Route number, Apartment Number, etc.

City: _____

County: _____

State: _____

Zip Code: _____

Telephone: Home (____) _____ - _____

Work (____) _____ - _____

Cell (____) _____ - _____

Co-Worker or Supervisor: _____

c) Name: _____

Address: _____

Street or Route number, Apartment Number, etc.

City: _____

County: _____

State: _____

Zip Code: _____

Telephone: Home (____) _____ - _____

Work (____) _____ - _____

Cell (____) _____ - _____

Co-Worker or Supervisor: _____

d) Name: _____

Address: _____

Street or Route number, Apartment Number, etc.

City: _____

County: _____

State: _____

Zip Code: _____

Telephone: Home (____) _____ - _____

Work (____) _____ - _____

Cell (____) _____ - _____

Co-Worker or Supervisor: _____

e) Name: _____

Address: _____

Street or Route number, Apartment Number, etc.

City: _____

County: _____

State: _____

Zip Code: _____

Telephone: Home (____) _____ - _____

Work (____) _____ - _____

Cell (____) _____ - _____

Co-Worker or Supervisor: _____

G. MISCELLANEOUS

1) Do you rent or own your present home? RENT: _____ OWN: _____

If you rent list your landlord's name, address and phone

2) Are you a proprietor or part owner of any business? YES: _____ NO: _____

If yes, describe the nature of business:

3) Describe any special skills that you believe would benefit you as a Firefighter
and/or the MFD: _____

4) List past/present memberships in clubs and/or organizations (Do not include
organizations that indicate political affiliation): _____

5) List community service or volunteer work you have participated in during the
past three years: _____

H. NEGATIVE PERSONAL HISTORY

1) Have you ever been convicted of a felony: YES: _____ NO: _____

Have you ever been arrest for a felony: YES: _____ NO: _____

If yes, explain _____

2) Have you ever been convicted of a misdemeanor: YES: _____ NO: _____

Have you ever been arrest for a misdemeanor: YES: _____ NO: _____

If yes, explain _____

3) Have you ever received a traffic citation: YES _____ NO: _____

If yes, explain (Include date, location, charge, fine or sentence)

4) Has your driver's license ever been suspended or revoked: YES ____ NO: ____

If yes, explain _____

5) Have you ever committed or assisted another person in the crime of murder, kidnapping, rape, robbery, burglary, arson, theft or conversion:

YES: _____ NO: _____

If yes, explain _____

6) Have you ever purchased or sold anything you knew or suspected was stolen:

YES: _____ NO: _____

If yes, explain _____

7) Have you ever possessed, purchased, sold or distributed any illegal drug:

YES: ____ NO: ____

If yes, explain _____

8) Have you ever used an illegal drug: YES: ____ NO: ____

If yes, explain _____

9) Have you ever abused a prescription drug: YES ____ NO ____

If yes, explain _____

10) Have you ever been arrest for an alcohol related violation (i.e. public intoxication, operating a vehicle while intoxicated, illegal possession or consumption of alcohol): YES: ____ NO: ____

If yes, explain _____

11) Have you ever been dismissed or asked to resign from a position of employment: YES: ____ NO: ____

If yes, explain _____

I. GENERAL INFORMATION

1) Why do you desire to become a member of the MFD? (use a separate sheet of paper if necessary):

2) What is your future goal in public safety (type, agency, field, etc). Use separate sheet of paper if necessary:

3) Attach a current (taken within the past six (6) months) photograph below. Photograph is to be front view, head and shoulders, 2 1/2 inches square (Similar to a U.S. Passport Photo). The purpose of this photo is to assist in the background investigation.

Place

Photo

Here



Please read the following statement carefully. If you have any questions, contact the fire department main office before signing the form.

CHECK APPLICATION CAREFULLY

BE CERTAIN ALL ITEMS ARE COMPLETE BEFORE RETURNING

I certify that the information contained in this application is correct and complete to the best of my knowledge and belief. I realize that the misrepresentation or omission of facts is cause for rejection of my application or dismissal after employment. I understand that final employment is contingent upon satisfactory completion of all phases of the Application Screen Process.

Signed and dated this _____ day of _____, 20____

(Printed name) MFD Firefighter Applicant

(Signature) MFD Firefighter Applicant

NOTARY

STATE OF INDIANA)

)

SS: COUNTY OF _____)

Before me, the undersigned, a Notary Public in and for said County,
this _____ day of _____,
came _____
and acknowledge the execution of the foregoing.

Witnesses my hand and Notarial Seal this _____ Day of _____, 20____

My Commission Expires:

_____ Day of _____, 20____

Resident of _____ County NOTARY PUBLIC

AUTHORITY FOR RELEASE OF INFORMATION AND RECORDS

TO THE MERRILLVILLE FIRE DEPARTMENT

I am aware that the Merrillville Fire Department (hereinafter, "MFD") will conduct an investigation into my background and the information from that investigation will be used for the purpose of determining my qualification for employment with the MFD. Consequently, I hereby grant permission to any duly authorized representative with the MFD, or authorized agents hired by the MFD, to obtain any information relating to my activities from governmental entities and organizations, individuals, schools, residential management agents, employers, criminal justice agencies, financial or lending institutions, credit bureaus, consumer reporting agencies or retail business establishments. This information may include, but not limited to, my military records, attendance records, personal history, disciplinary records, criminal history record, arrest record, conviction record, official driver's license record, financial and credit information. I direct you to release such information upon request of the duly authorized representative of MFD regardless of any agreement that I may have made with you previously to the contrary. I have been advised that the original of this document will be placed on file with the MFD. I agree that all background information received by the MFD on me is confidential and I will not attempt to discover what was learned about me. I realize that people providing information to the MFD are doing so with a promise of confidentiality. I specifically waive any right to see such information. I acknowledge that the MFD needs to obtain frank and honest opinions about my character and personality. I agree to the confidentiality of this agreement.

Social Security Number _____

Date of Birth _____

Signed and dated this _____ day of _____, 20____

(Printed name) MFD Firefighter Applicant

(Signature) MFD Firefighter Applicant

NOTARY

STATE OF INDIANA)

)

SS:COUNTY OF _____)

Before me, the undersigned, a Notary Public in and for said County, _____ this _____ day of _____, came _____ and acknowledge the execution of the foregoing.

Witnesses my hand and Notarial Seal this _____ Day of _____, 20____

My Commission Expires:

_____ Day of _____, 20____

Resident of _____ County NOTARY PUBLIC

APPLICATION/APPOINTMENT PROCESS

All applications must be returned to the:

Merrillville Fire Protection Territory Headquarters

24 W. 73rd Avenue

Merrillville, IN 46410

STEP 1 - COMPLETE APPLICATION

- 1) Applications must be received in the Merrillville Fire Protection Territory Headquarters by the application deadline. No late applications will be accepted.
- 2) Incomplete applications will be disqualified. Any application not completed will be disqualified (follow directions). All applications are considered final once they are turned into Merrillville Fire Protection Territory Headquarters. Applications cannot be re-obtained to make changes to once it has been turned in. (Any changes in applicant contact information will be accepted by contacting MFD.

STEP 2 - COMPLETE FIREFIGHTER APTITUDE AND CHARACTER TEST

- 1) Applicants shall compete the FPSI Firefighter Aptitude and Character Test.
- 2) The written test shall be administered by the MFD Administration on a date and time specified. All applicants shall be notified by email in ample time as to the date, time location of the test. Any applicant arriving at the specified test site later than the time specified will not be allowed to take the test and will be disqualified as an applicant of the MFD.
- 3) Applicants who complete the FACT shall be scored by Fire & Police Selection, Inc. The MFD shall receive a ranked list of applicants from FSPI.

STEP 3 - FIREFIGHTER APPLICATION ADDITIONAL CREDIT

1) A five percent (5%) credit shall be added to the applicant's total score for Military Service in any branch of the United States Armed Forces. The applicant must provide a certified copy of his/her DD 214 noting an Honorable Discharge. This form must be included in the initial application.

2) A one half percent (.5%) credit shall be added to the applicant's total score for each year of volunteer service with the participating Fire Departments in the MFD as outlined into the Merrillville Fire Territory Organizational documents. A maximum of ten years of service will be allowed (up to 5% points). All applicants who qualify for this credit shall obtain a certified copy of their service record from the MFD HQ office. This form **MUST** be included in the initial application.

3) A five percent (5%) credit shall be added to the Applicants total score for residency within the Merrillville Fire Protection Territory response area. Proof of residency will be confirmed by Applicant's current Driver's License.

NOTE: Credit will be given for MFD Volunteer or Residency, whichever is greater, for a maximum of 5%.

STEP 4 - INTERVIEW WITH MERRILLVILLE FIRE BOARD

A final eligibility list will be compiled by the process outlined above and shall be certified by the Merrillville Fire Territory Board.

1) The Merrillville Fire Protection Territory Board and the Fire Department Administration shall interview applicants from the certified list as needed based on the hiring need.

2) The Merrillville Fire Protection Territory Board shall use the FSPI Structured Interview Package (SIP) for Entry Level Firefighters to interview all applicants.

STEP 5 - CONDITIONAL OFFER OF EMPLOYMENT

The top applicant(s) on the certified list shall be offered a Conditional Offer of Employment. A background investigation of potential applicants will then be performed. An applicant can be disqualified during this process. The applicant must then pass the Indiana PERF Physical and Psychological Test as outlined in the 1977 Police and Fire Fund.

By the date of conditional offer of employment, the applicant must possess a valid CPAT (Candidate Physical Agility Test) Card. See attached for details of test procedures and locations.

By the date of conditional offer of employment, the applicant must be certified as an Indiana Department of Homeland Security Firefighter II as outlined by the State of Indiana.

Applicants must become a certified EMT-B within one (1) year of their date of hire. An extension may be given at the discretion of the Fire Chief of the MFD, but not to exceed 18 months.

The employment of any applicant is considered probationary for a period of one (1) year and that may be extended for a period not exceed six (6) additional months, upon the recommendation of the Fire Chief.

After the final hiring list is certified, eligible applicants will be notified by email of the next step in the hiring process. DO NOT CONTACT THE MFD, MEMBERS OF THE MERRILLVILLE FIRE PROTECTION TERRITORY BOARD, THE TOWN OF MERRILLVILLE, OR THE ROSS TOWNSHIP TRUSTEE'S OFFICE TO INQUIRE ABOUT THE POSITIONING ON THE LIST.

CPAT TEST

Candidate Physical Ability Test © (CPAT) Orientation Guide

This candidate physical ability test (CPAT) consists of eight separate events. The CPAT is a sequence of events requiring you to progress along a predetermined path from event to event in a continuous manner. This test was developed to allow fire departments to obtain pools of trainable candidates who are physically able to perform essential job tasks at fire scenes.

This is a pass/fail test based on a validated maximum total time of 10 minutes and 20 seconds.

In these events, you wear a 50-pound (22.68-kg) vest to simulate the weight of self-contained breathing apparatus (SCBA) and firefighter protective clothing. An additional 25 pounds (11.34 kg), using two 12.5- pound (5.67-kg) weights that simulate a high-rise pack (hose bundle), is added to your shoulders for the stair-climb event.

Throughout all events, you must wear long pants, a hard hat with chin strap, work gloves, and footwear with no open heel or toe. Watches and loose or restrictive jewelry are not permitted.

All props were designed to obtain the necessary information regarding your physical ability. The tools and equipment were chosen to provide the highest level of consistency, safety, and validity in measuring your physical abilities. A schematic drawing of the CPAT is included in this orientation material; however, the course layout may vary in order to conform to the fire department's test area. The events and distances between events are always the same.

The events are placed in a sequence that best simulates fire scene events while allowing an 85-foot (25.91-m) walk between events. To ensure the highest level of safety and to prevent exhaustion, no running is allowed between events.

This walk allows you approximately 20 seconds to recover and regroup before each event. To ensure scoring accuracy by eliminating timer failure, two stopwatches are used to time the CPAT. One stopwatch is designated as the official test time stopwatch, the second is the backup stopwatch. If mechanical failure occurs, the time on the backup stopwatch is used. The stopwatches are set to the pass/fail time and count down from 10 minutes and 20 seconds. If time elapses prior to the completion of the test, the test is concluded and you fail the test.

Event 1: Stair Climb

Equipment

This event uses a StepMill stair-climbing machine. The machine is positioned with one side up against a wall and an elevated proctor platform on the side opposite the wall. A single handrail on the wall side is available for you to grasp while mounting and dismounting the StepMill. Additional steps are placed at the base of the StepMill to assist you in mounting the StepMill.

Purpose of Evaluation

This event is designed to simulate the critical tasks of climbing stairs in full protective clothing while carrying a high-rise pack (hose bundle) and climbing stairs in full protective clothing carrying firefighter equipment. This event challenges your aerobic capacity, lower body muscular endurance, and ability to balance. This event affects your aerobic energy system as well as the following muscle groups: quadriceps, hamstrings, glutes, calves, and lower back stabilizers.

Event

For this event, you must wear two 12.5-pound (5.67-kg) weights on your shoulders to simulate the weight of a high-rise pack. Prior to the initiation of the timed CPAT, there is a 20-second warm-up on the StepMill at a set stepping rate of 50 steps per minute. During this warm-up period, you are permitted to dismount, grasp the rail, or hold the wall to establish balance and cadence. If you fall or dismount the StepMill during the 20-second warm-up period, you must remount the StepMill and restart the entire

20-second warm-up period. You are allowed to restart the warm-up period twice. The timing of the test begins at the end of this warm-up period when the proctor calls the word "START." There is no break in time between the warm-up period and the actual timing of the test. For the test, you must walk on the StepMill at a set stepping rate of 60 steps per minute for 3 minutes. This concludes the event. The two

12.5-pound (5.67-kg) weights are removed from your shoulders. Walk 85 feet (25.91 m) within the established walkway to the next event.

Failures

If you fall or dismount the StepMill three times during the warm-up period, you fail the test. If you fall, grasp any of the test equipment, or dismount the StepMill after the timed CPAT begins, the test is concluded and you fail the test. During the test, you are permitted to touch the wall or handrail for balance only momentarily. However, if the wall or handrail is grasped or touched for an extended period of time, or if the wall or handrail is used for weight bearing, you are warned. Only two warnings are given. The third infraction constitutes a failure, the test time is concluded and you fail the test.

Event 2: Hose Drag

Equipment

This event uses an uncharged fire hose with a hose line nozzle. The hoseline is marked at 8 feet (2.24 m) past the coupling at the nozzle to indicate the maximum amount of hose you are permitted to drape across your shoulder or chest. The hoseline is also marked at 50 feet (15.24 m) past the coupling at the nozzle to indicate the amount of hoseline that you must pull into a marked boundary box before completing the test.

Purpose of Evaluation

This event is designed to simulate the critical tasks of dragging an uncharged hoseline from the fire apparatus to the fire occupancy and pulling an uncharged hoseline around obstacles while remaining stationary. This event challenges your aerobic capacity, lower body muscular strength and endurance, upper back muscular strength and endurance, grip strength and endurance, and anaerobic endurance. This event affects your aerobic and anaerobic energy systems as well as the following muscle groups: quadriceps, hamstrings, glutes, calves, lower back stabilizers, biceps, deltoids, upper back, and muscles of the forearm and hand (grip).

Event

For this event, you must grasp a hoseline nozzle attached to 200 feet (60 m) of 1 3/4-inch (44-mm) hose. Place the hoseline over your shoulder or across your chest, not exceeding the 8-foot (2.24-m) mark. You are permitted to run during the hose drag. Drag the hose 75 feet (22.86 m) to a prepositioned drum, make a 90 degree turn around the drum, and continue an additional 25 feet (7.62 m). Stop within the marked 5 foot x 7 foot (1.52 m x 2.13 m) box, drop to at least one knee and pull the hoseline until the hoseline's 50-foot (15.24 m) mark crosses the finish line. During the hose pull, you must keep at least one knee in contact with the ground and knee(s) must remain within the marked boundary lines. This concludes the event. Walk 85 feet (25.91 m) within the established walkway to the next event.

Failures

During the hose drag, if you fail to go around the drum or go outside of the marked path (cones), the test time is concluded and you fail the test. During the hose pull, you are warned if at least one knee is not kept in contact with the ground. The second infraction constitutes a failure, the test time is concluded and you fail the test. During hose pull, you are warned if your knees go outside the marked boundary line. The second infraction constitutes a failure, the test time is concluded and you fail the test.

Event 3: Equipment Carry

Equipment

This event uses two saws and a tool cabinet replicating a storage cabinet on a fire truck.

Purpose of Evaluation

This event is designed to simulate the critical tasks of removing power tools from a fire apparatus, carrying them to the emergency scene, and returning the equipment to the fire apparatus. This event challenges your aerobic capacity, upper body muscular strength and endurance, lower body muscular endurance, grip endurance, and balance. This event affects your aerobic energy system as well as the following muscle groups: biceps, deltoids, upper back, trapezius, muscles of the forearm and hand (grip), glutes, quadriceps, and hamstrings.

Event

For this event, you must remove the two saws from the tool cabinet, one at a time, and place them on the ground. Pick up both saws, one in each hand, and carry them while walking 75 feet (22.86 m) around the drum, then back to the starting point. You are permitted to place the saw(s) on the ground and adjust your grip. Upon return to the tool cabinet, place the saws on the ground, pick up each saw one at a time, and replace the saw in the designated space in the cabinet. This concludes the event. Walk 85 feet (25.91 m) within the established walkway to the next event.

Failures

If you drop either saw on the ground during the carry, the test time is concluded and you fail the test. You receive one warning for running. The second infraction constitutes a failure, the test time is concluded and you fail the test.

Event 4: Ladder Raise and Extension

Equipment

This event uses two 24-foot (7.32-m) fire department ladders. For your safety, a retractable lanyard is attached to the ladder that you raise.

Purpose of Evaluation

This event is designed to simulate the critical tasks of placing a ground ladder at a fire structure and extending the ladder to the roof or window. This event challenges your aerobic capacity, upper body muscular strength, lower body muscular strength, balance, grip strength, and anaerobic endurance. This event

affects your aerobic and anaerobic energy systems as well as the following muscle groups: biceps, deltoids, upper back, trapezius, muscles of the forearm and hand (grip), glutes, quadriceps, and hamstrings.

Event

For this event, you must walk to the top rung of the 24-foot (7.32-m) aluminum extension ladder, lift the unhinged end from the ground, and walk it up until it is stationary against the wall. This must be done in a hand over hand fashion, using each rung until the ladder is stationary against the wall. You must not use the ladder rails to raise the ladder. Immediately proceed to the prepositioned and secured 24-foot (7.32 m) aluminum extension ladder, stand with both feet within the marked box of 36 inches x 36 inches (91.44 cm x 91.44 cm), and extend the fly section hand over hand until it hits the stop. Then, lower the fly section hand over hand in a controlled fashion to the starting position. This concludes the event. Walk 85 feet (25.91 m) within the established walkway to the next event.

Failures

If you miss any rung during the raise, one warning is given. The second infraction constitutes a failure, the test time is concluded and you fail the test. If you allow the ladder to fall to the ground or the safety lanyard is activated because you released your grip on the ladder, the test time is concluded and you fail the test. If during the ladder extension, your feet do not remain within marked boundary lines, one warning is given. The second infraction constitutes a failure, the test time is concluded and you fail the test. If you do not maintain control of the ladder in a hand over hand manner, or let the rope halyard slip in an uncontrolled manner, your test time is concluded and you fail the test.

Event 5: Forcible Entry

Equipment

This event uses a mechanized device located 39 inches (1 m) off the ground that measures cumulative force from a 10-pound (4.54-kg) sledgehammer.

Purpose of Evaluation

This event is designed to simulate the critical tasks of using force to open a locked door or to breach a wall. This event challenges your aerobic capacity, upper body muscular strength and endurance, lower body muscular strength and endurance, balance, grip strength and endurance, and anaerobic endurance. This event affects your aerobic and anaerobic energy systems as well as the following muscle groups:

quadriceps, glutes, triceps, upper back, trapezius, and muscles of the forearm and hand (grip).

Event

For this event, you must use a 10-pound (4.54 kg) sledgehammer to strike the measuring device in the target area until the buzzer is activated. During this event, you must keep your feet outside the toe-box at all times. After the buzzer is activated, place the sledgehammer on the ground. This concludes the event. Walk 85 feet (25.91 m) within the established walkway to the next event.

Failures

If you do not maintain control of the sledgehammer and release it from both hands while swinging, it constitutes a failure, the test time is concluded and you fail the test. If you step inside the toe-box, one warning is given. The second infraction constitutes a failure, the test time is concluded and you fail the test.

Event 6: Search

Equipment

This event uses an enclosed search maze that has obstacles and narrowed spaces.

Purpose of Evaluation

This event is designed to simulate the critical task of searching for a fire victim with limited visibility in an unpredictable area. This event challenges your aerobic capacity, upper body muscular strength and endurance, agility, balance, anaerobic endurance, and kinesthetic awareness. This event affects your aerobic and anaerobic energy systems as well as the following muscle groups: muscles of the chest, shoulder, triceps, quadriceps, abdominals, and lower back.

Event

For this event, you must crawl through a tunnel maze that is approximately 3 feet (91.44 cm) high, 4 feet (121.92 cm) wide and 64 feet (19.51 m) in length with two 90 degree turns. At a number of locations in the tunnel, you must navigate around, over, and under obstacles. In addition, at two locations, you must crawl through a narrowed space where the dimensions of the tunnel are reduced. Your movement is monitored through the maze. If for any reason you choose to end the event, call out or rap sharply on the wall or ceiling and you will be assisted out of the maze. Upon exit from the maze, the event is concluded. Walk 85 feet (25.91 m) within the established walkway to the next event.

Failures

A request for assistance that requires the opening of the escape hatch or opening of the entrance/exit covers constitutes a failure, the test time is concluded and you fail the test.

Event 7: Rescue

Equipment

This event uses a weighted mannequin equipped with a harness with shoulder handles.

Purpose of Evaluation

This event is designed to simulate the critical task of removing a victim or injured partner from a fire scene. This event challenges your aerobic capacity, upper and lower body muscular strength and endurance, grip strength and endurance, and anaerobic endurance. This event affects your aerobic and anaerobic energy systems as well as the following muscle groups: quadriceps, hamstrings, glutes, abdominals, torso rotators, lower back stabilizers, trapezius, deltoids, latissimus dorsi, biceps, and muscles of the forearm and hand (grip).

Event

For this event, you must grasp a 165-pound (74.84 kg) mannequin by the handle(s) on the shoulder(s) of the harness (either one or both handles are permitted), drag it 35 feet (10.67 m) to a prepositioned drum, make a 180 degree turn around the drum, and continue an additional 35 feet (10.67 m) to the finish line. You are not permitted to grasp or rest on the drum. It is permissible for the mannequin to touch the drum. You are permitted to drop and release the mannequin and adjust your grip. The entire mannequin must be dragged until it crosses the marked finish line. This concludes the event. Walk 85 feet (25.91 m) within the established walkway to the next event.

Failures

If you grasp or rest on the drum at any time, one warning is given. The second infraction constitutes a failure, the test time is concluded and you fail the test.

Event 8: Ceiling Breach and Pull

Equipment

This event uses a pike pole and a mechanized device that measures overhead push and pull. The pike pole is a commonly used piece of equipment that consists of a six-foot long pole with a hook and point attached to one end.

Purpose of Evaluation

This event is designed to simulate the critical task of breaching and pulling down a ceiling to check for fire extension. This event challenges your aerobic capacity, upper and lower body muscular strength and endurance, grip strength and endurance, and anaerobic endurance. This event affects your aerobic and anaerobic energy systems as well as the following muscle groups: quadriceps, hamstrings, glutes, abdominals, torso rotators, lower back stabilizers, deltoids, trapezius, triceps, biceps, and muscles of the forearm and hand (grip).

Event

For this event, you must remove the pike pole from the bracket, stand within the boundary established by the equipment frame, and place the tip of the pole on the painted area of the hinged door in the ceiling. Fully push up the 60-pound hinged door in the ceiling with the pike pole three times. Then, hook the pike pole to the 80-pound ceiling device and pull the pole down five times. Each set consists of three pushes and five pulls. Repeat the set four times. You are permitted to stop and, if needed, adjust your grip. Releasing your grip or allowing the pike pole handle to slip, without the pike pole falling to the ground, does not result in a warning or constitute a failure. You are permitted to reestablish your grip and resume the event. If you do not successfully complete a repetition, the proctor calls out "MISS" and you must push or pull the apparatus again to complete the repetition. This event and the total test time ends when you complete the final pull stroke repetition as indicated by a proctor who calls out "TIME".

Failures

One warning is given if you drop the pike pole to the ground. If you drop the pike pole, you must pick it up without proctor assistance and resume the event. The second infraction constitutes a failure, the test time is concluded and you fail the test. If your feet do not remain within the marked boundary lines, one warning is given. The second infraction constitutes a failure, the test time is concluded and you fail the test.

CPAT
Testing
Locations

MAAC – Valparaiso, Indiana

www.maacfoundation.com/cpat

219.359.2891

See website for available dates and information

Wayne Township Fire Department - Indianapolis, Indiana

www.wayne.k12.in.us/esec/

317.988.7703

See website for available dates and information

Southwest United Fire Districts - Indian Head Park, Illinois

www.sufd.org

cpat@sufd.org for appointments

CPAT phone: 708.579.2064

See website for available dates and information

NIPSTA - Glenview, Illinois

www.NIPSTA.org

847.998.8090

See website for available dates and information

Fort Wayne Fire Department - Fort Wayne, Indiana

<http://www.fortwaynefiredepartment.org/career-opportunities/cpat-candidate-physical-ability-test>

260.427.1478

See website for available dates and information

MFPT Written Exam
Candidate orientation Guide

An orientation guide for the written examination is available for applicants to purchase as an option. This is not a required purchase, but is offered as a study guide.

Applicant may order the “**FACT Candidate Orientation Guide**” by going to the following link:

<https://www.fpsi.com/product/fact-orientation-guide/>

The **NFST Candidate Orientation Guide** *can be downloaded as a PDF file and saved or printed. Please read through the disclaimer page in order to have a successful download.* There will be an option to pay with a PayPal account or as a PayPal guest with a debit/credit card. The download link will be located on the Order Details-Checkout Status page once payment is submitted and PayPal redirects the process back to the FPSI site. Applicants must pay close attention to ALL instructions on both FPSI and PayPal’s websites in order to download any guide properly.